

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 11/03/01?
 - b. The request was received on 06/07/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOB
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. HCFAs
 - c. EOB
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 07/11/02. The Requestor did not respond as required by Rule 133.307 (g)(3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g)(4). The Respondent's 3-day response is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: letter dated 05/16/02
"We are officially notifying the 'Commission' that the sender of this package is requesting a 'Medical Dispute Resolution' pursuant to Rule 133.307."
2. Respondent: none submitted

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1 & 2), the only date of service eligible for review is 11/03/01.
2. The Carrier's EOB has the denial "F – FEE GUIDELINE MAR REDUCTION."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
11/03/01	72141-22-WP	\$924.00	\$823.00	F	\$924.00	Texas Workers' Compensation Commission Act & Rules, Rule 133.304 (c); MFG, Radiology/Nuclear Medicine Ground Rules (R/NMGR) (I)(A)(2) & (II)(C)(3), CPT & modifier descriptors	The Carrier's EOB indicates it reimbursed the services performed at MAR. However, the provider billed with the modifier –22 indicating an “extended MRI.” The provider's billed amount is the same as the MAR for an “extended MRI.” Therefore, additional reimbursement of \$202.00 (the difference between the billed MAR and the amount reimbursed to date) is recommended.
11/03/01	72148-22-WP	\$924.00	\$823.00	F	\$924.00		
Totals		\$1848.00	\$1646.00				The Requestor is entitled to reimbursement in the amount of \$202.00

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$202.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 19th day of November 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division